TRAVEL EXPENSE CLAIM

STD 262A (REV. 5/09) Page 1 of 1 Pages

CLAIMANT'S NAME						SSN OR EMPLOYEE NUMBER					DEPARTMENT			
Joan E. Denton, Ph.D.										ОЕННА				
					DIVISION OR BUREAU						INDEX NUMBER 1000			
Director N/R RESIDENCE ADDRESS					Executive Office HEADQUARTERS ADDRESS						TELEPHONE NUMB			
(See Work Address)												(916) 322-6325		
CITY STATE ZIP CODE						CITY STATE								
Sacramento CA 95814						Sacramento CA						95814		
(1) MON	TH/YEAR	(3)	(4)	MEALS	_	(6)	(7)		TRANSPO	RTATION		(8)	(9)	
(2)	y 09	LOCATION WHERE EXPENSES	LODGING		O.T,L/T,		(A)	(B)	(C)		(D)			
(2)		WHERE EXPENSES WERE INCURRED		I EAK-	NC, RELO. OR	INCIDEN- TALS	COST OF	TYPE	CARFARE, TOLLS,	PRIV CAR		BUSINESS	TOTAL EXPENSES	
DATE	TIME		FA		DINNER	IALS	TRANS.	USED	PARKING	MILES	AMT	EAI ENSE	FOR DAY	
26-May	8:00	Oakland, CA						SC	14.00		0.00		14.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10)											0.00		0.00	
,														
	SUBTOTALS	3	0.00	0.00	0.00	0.00	0.00	0.00	14.00	0.0	0.00	0.00	14.00	
	CLAIM TOTA	AL									\$		14.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)														
5/26/09: Attend staff meetings at OEHHA Oakland office.														
	AL WORK HO													
			AGENCY ACCOUNTING OFFICE USE ONLY											
0800 - 170	00													
	E VEHICLE I	ICENSE NO.												
			<u> </u>											
(14) MILEAG	GE RATE CLA	AIMED												
	AGE	NCY ACCOUNTING												
OFFICE USE ONLY														
PAII	BY REVOL	VING FUND CHECK NUMBER												
(15)			l											
I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was											vas used,			
	and if mileage	rates exceed the minimum rate. I certify t 0750, 0751, 0752, 0753 and 0754 pertaini	hat the cost of	operating the ve	hicle was equal									
	JAIVI JECTIONS	. 6736, 6731, 6732, 6733 and 6734 pertaini	ng to verticle s	arety and Seat Di	en usaye.									
CLAIMANT'S SIGNATURE DATE												DATE		
CLAIMANT'S	SIGNATURE			DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT								DATE		
					1									
(17) SPECIA	AL EXPENSE	AUTHORIZATION - SIGNATURE and TI	17 on reverse)								DATE			